

Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)

FEE TRANSMITTAL
For FY 2008APR 8 2008
14078
PCTENT & TRADEMARK OFFICE Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

930.00

Complete if Known

Application Number	10/026,188
Filing Date	December 21, 2001
First Named Inventor	Charles Zuker, Ph.D.
Examiner Name	John D. Ulm
Art Unit	1649
Attorney Docket No.	119-001210US

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): Deposit Account
 Deposit Account Deposit Account Number: 50-0893 Deposit Account Name: Quine Intellectual Property Law Group, P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50 25
Each independent claim over 3 (including Reissues)	210 105
Multiple dependent claims	370 185
Total Claims	Extra Claims Fee (\$)
- 20 or HP =	x =
HP = highest number of total claims paid for, if greater than 20.	
Indep. Claims	Extra Claims Fee (\$)
- 3 or HP =	x =
HP = highest number of independent claims paid for, if greater than 3.	

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)

Other (e.g., late filing surcharge): _____

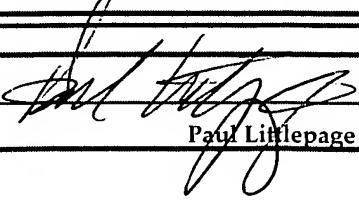
Other: Request for Continued Examination 405Other: Petition for 3-month Extension of Time 525

Other: _____

Other: _____

Other: _____

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	48,581	Telephone	(510) 337-7871
Name (Print/Type)	Paul Littlepage			Date	April 24, 2008

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/026,188
		Filing Date	December 21, 2001
		First Named Inventor	Charles Zuker, Ph.D.
		Group Art Unit	1649
		Examiner Name	John D. Ulm
Total Number of Pages in This Submission		Attorney Docket Number	119-001210US

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> PTO-1449 Form	<input type="checkbox"/> Interview Summary
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Cited References	<input checked="" type="checkbox"/> Request for Continued Examination (RCE)
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Copy of PCT Search Report	<input type="checkbox"/> Request for Corrected Filing receipt
<input type="checkbox"/> <input checked="" type="checkbox"/> Amendment/Response	<input type="checkbox"/> Copy of EP Search Report	<input type="checkbox"/> Copy of Filing Receipt – marked up
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input checked="" type="checkbox"/> Receipt Acknowledgement Postcard	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> <i>Supporting reference (Zhang)</i>
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Authorization to Charge Deposit Account Please charge Deposit Account No. 50-0893 for any additional fees associated with this paper or during the pendency of this application, including any extensions of time for consideration of the documents enclosed.	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Paul Littlepage, Reg. No. 48,581, Quine Intellectual Property Law Group, P.C.
Signature	
Date	April 24, 2008

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Kimberly Cheung		
Signature		Date	April 24, 2008